ſ	Under the Pape	ATENT A	PPLICATI	. ro persons a	re required to respon	ON RECORD	Information un	ess & disp	CALL OF A LACT OFFE	OF COMMERCE control number.
Substitute for Form PTO-875								Application or Docket Humber  10 65 6091		
-	FOR	CLAII	LAIMS AS FILED - PA (Column 1)		(Column 2)	SMALL	SWALL ENTITY		OTHER THAN SHALL ENTITY	
	ASIC FEE 17 CFR 1.16(a))		MUNDER FRED		HUHDER EXTRA	RATE	FEE	-	RATE	FEE
(3	OTAL CLAMS 17 CFR 1.16(c))		mlau:	20 .			1 .	OR		1
	OEPENDENT CI T CFR 1.16(b))	LAIKIS	minu	3 = .		X 1 =	<del></del>	OR	x 1 ==	
м	ULTIPLE DEPEN	DEHT CLAM		(37 CFR 1.16		<del> </del>	OR	X 1=	· .	
. (	If the difference in column 1 is fess than zero, enter 10° in column 2					101M		OR	<u> </u>	
	CLAIMS AS AMENDED - PART II					70174	L	J OR	LOLM	L
					n 2) (Column 3)	SWALL ENTITY		OR	OTHER	NAHT F
ATN	1	CLAII. REIXAII. AFTE AMENON	r mig	HIGHES HVINGE PREVIOU	R PRESENT SLY EXTRA	PATE	-KOGA_ LVNOIT		RATE	ENTITY
ENDMENT	Total	118	Minus	PAID FC	NR	K 1 .	F66			FEC . Y
AME		117	Minus	<u> </u>	-	X1=	-	Oft Oft	X1 c	-/
<del>-</del>	FIRST PRESE	M 30 HO!! AT	ATIPLE DEPER	שניו מאוי (	भ द्रष्ट १.१५७)	+1		On:	41 6	1
						TOTAL ADOL FEE		OR	TOTAL ADDI FEE	<i></i>
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AMENOMENT B	Total	RENVIHIII AFTER ANENDIKE	ın	PAID FOR	R PRESENT LY EXTRA	RATE .	ADOI: THOHAL FEE		יתגוינ	-IOGA JAHOIT
	Or one tracent	ļ	Minus		= .	F 5 =		no	X 1 =	934
	CI CE LIGHT			Ĺ		A 1	,	90	X 1 =	
l	FIRST PRESCRIPTION OF MULTIPLE DEPCHOEM QUIM (31 OFR 1.16(4))					11=		0.5	1 5 =	
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0 - 2		COOVERN 1 CLAHAS RETARING ACTER ASSESSED	c	(Column ) HIGHEST HUMBER PREVIOUS	PRESENT	RATE	ADOI. 1:044)		GV16	ADDI:
	1 - 121 (31 Cra + 14(4))		t. nus	PAID FOR	-		LEE			FEC
AMENOMENT	hotependent DICTRITHGHI		Minus	<del></del>	=	X 1 :		O.G.	K 1 =	
3	FIRST PRESENTATION OF MINTIPLE DEPENDENT CLAIM (1) CFR 1 16(4))					X 1 =		OR _	X 1=	
	If the entering	funn 1 fs less	Ilian Ilian enice	is cal 2		101AC 2201 CCC		on 1.	331 F004	

If the Highest Number Previously Paid For Rt THIS SPACE Is less than 70, enter 70.

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